



January 1 – December 31, 2020

Dental Plans

BENEFIT FEATURES

	Delta Dental PPO		Delta Dental (DeltaCare USA) DHMO
Choice of Dentist	Any licensed dentist. Plan pays higher benefits if you use an in network provider. Coverage available outside of the US at the Non-Network level of benefits.		Your choice of Delta Dental DHMO dentist. (within the US Only)
Annual Deductible	\$50 per individual \$150 maximum per family (excludes preventive services)		None
Annual Maximum Benefit	\$2,000 per individual		None
Eligible Charges	In-Network providers: Negotiated fees.	Non-Network providers: Benefits based on usual, reasonable, and customary charges.	All benefits based on charges authorized by the Schedule of Benefits; all services performed by a DHMO network dentist.
Preventive Services	In-Network	Non-Network	
• Cleaning	No copay; 2x within a calendar year	You pay 20%	No copay; 1x per 6-month period
• Fluoride Treatment	No copay; 2x per calendar year for children under 16	You pay 20%	No copay; once per year for children to age 19 only; \$10 copay for adults age 19 or older
• Sealant Treatment	No copay; for children under age 16 for permanent molars every 5 years	You pay 20%	You pay \$5 per tooth (under age 18 only)
• Space Maintainer	No copay	You pay 20%	You pay up to \$10
• X-rays (routine bite-wings)	No copay 1x per calendar year	You pay 20%	No copay
Basic Services			
• Amalgam Filling	You pay 20%	You pay 20%	You pay \$0
• Simple Extraction	You pay 20%	You pay 20%	You pay \$0
• General Anesthesia	You pay 20%	You pay 20%	You pay each 15 minutes – \$60
• Root Canal Therapy	You pay 20%	You pay 20%	You pay between \$35- \$105
• Periodontal Maintenance	You pay 20%	You pay 20%	You pay \$0
• Periodontal Scaling and Root Planing / per Quadrant	You pay 20%	You pay 20%	You pay \$20 – \$40 per Quadrant
• Denture Reline	You pay 20%*	You pay 20%*	You pay \$0 (Chair side – you pay \$25 if sent to lab)
• Osseous Surgery	You pay 20%	You pay 20%	You pay \$100-\$200 per Quadrant
• Resin-Composite Fillings	You pay 20%	You pay 20%	You pay \$10 - \$117
Major Services			
• Crowns	You pay 30%*	You pay 40%*	You pay \$90 per crown (plus cost of precious / semi-precious metal)
• Complete or Partial Denture	You pay 30%*	You pay 40%*	You pay \$70 per full denture; \$50-\$70 per partial denture.
• Fixed Bridge	You pay 30%*	You pay 40%*	You pay \$90 per unit
• Implants	You pay 30%*	You pay 40%*	Not covered
Orthodontia Services (24-month banding)	*Must use DHMO Network – You pay \$1,695 plus all charges incurred before banding begins and after banding removal (children and adults).		
Cost for Coverage Per Pay Period**			
• Employee Only	\$25.13		\$7.92
• Employee + 1 Dependent	\$50.25		\$14.31
• Employee + 2 or more Dependents	\$71.75		\$18.33

* Replacement bridges, crowns, dentures, and implants are not covered unless they are over five years old and cannot be made serviceable. A fixed bridge is not covered if the carrier determines a partial fixture is satisfactory. Must be preauthorized.

**Excluding the third pay periods in the months of May and October.